

INDIANA BEHAVIORAL HEALTH COMMISSION



Legislative Summary

SEPTEMBER 2022

ARTIST STATEMENT



Throughout my life, I've struggled with my mental health, going through happy highs and hopeless lows. To me, this painting represents the duality of life with mental illness. The heavy, overwhelming struggle to keep yourself afloat amidst a seemingly endless fight, regardless of counseling, medication, and coping mechanisms— the pain always seems to trickle through. However, your eye is not drawn to the wilted flower. The resilient other half demands attention. A half that equally carries the weight. The hands reach down to the flower, symbolic of hope and the instinct to keep going in spite of everything.”

– EMILIA MINETOLA, *INDIANAPOLIS*

**LEGISLATIVE
RECOMMENDATION
SUMMARY**

Indiana Behavioral Health Commission's recommendations that require legislative action, include but are not limited to the following:

- 1. Implement the three-part model (someone to contact; someone to respond, and a safe place for help) to build the sustainable infrastructure for a new statewide Crisis Response System in conjunction with implementation of Indiana's 988 system.**
 - a. The General Assembly should implement a one dollar (\$1) 988 surcharge to fund the comprehensive crisis response system.*
 - b. Appropriate the funding for a CIT Technical Assistance program and coordinator. Clarify the types of first responders who can receive funding via the 988 first responder crisis intervention account and if the CIT Technical Assistance Program should be funded from this account (IC 12-21-8-11.4).*
 - c. FSSA should develop rules to authorize reimbursement of EMS for transport to behavioral health facilities.*

BH Commission Report Page Reference: 18-22

- 2. Develop a Sustainable Infrastructure to Expand CCBHCs in Indiana**
 - a. Implement the recommendations and action items provided in the CCBHC Legislative report due from FSSA to the General Assembly by November 1, 2022.*
 - b. Pass legislation requiring FSSA to apply for CCBHC demonstration status as allowed by the Bipartisan Safer Communities Act. Should Indiana not be awarded demonstration status, FSSA must initiate another process to implement the CCBHC model.*
 - c. Using the Missouri experience as a model, the General Assembly should appropriate adequate, incrementally increasing funding to support permanent CCBHC expansion in Indiana.*

Report Page Reference: 23-26

- 3. Implement System-Wide Collaboration between the Justice and Behavioral Health Systems**
 - a. The General Assembly should appropriate funds to the Office of Court Services to increase the number of mental health courts available on a local level.*
 - b. Legislatively create an alternate statutory path for individuals with non-violent crimes who have a mental illness, and are declared incompetent to stand trial. Include Judge discretion to dismiss charges when individuals cannot achieve competency.*
 - c. FSSA should apply for an 1115 Medicaid Waiver for Care while incarcerated.*
 - d. Allow access to behavioral health medications, including MAT with medication adherence planning. Ensure improvement and alignment of the formulary of psychotropic drugs while incarcerated.*
 - e. Provide pathways for reductions in the length of probation and parole time due to the provision of behavioral supports.*

Report Page Reference: 27-31

4. Develop Policy to Improve Mental Health Literacy

- a. Develop policy that funds and incentivizes schools and early childcare providers to implement mental health literacy to increase school safety and improve skills and mindsets needed for the next generation to contribute to the Indiana workforce.*

Report Page Reference: 33-36

5. Expand the Scope and Use of the Be Happy Program Model

- a. Develop legislation to expand the scope and use of the Be Happy Program model by including the requirement for insurance carriers operating within Indiana to proportionally share in the program cost based upon covered lives/month; develop a board with representatives from relevant state entities, health insurance carriers, and providers to administer the insurance assessments, manage funds and ensure ongoing services; and, expand the current psychiatry access program scope to include adult and perinatal mental health consultations.*

Report Page Reference: 36-39

6. Ensure the Indiana Department of Insurance and the Division of Mental Health and Addiction have Authority to Enforce Parity.

- a. Review current policy and legislation to ensure that the Indiana Department of Insurance and the Division of Mental Health and Addiction either currently have (or) be given the authority to enforce parity.*
- b. Review and enact legislation or regulations similar to New York's "Timothy's Law" to establish parity standards and enforcement guidelines.*

Report Page Reference: 39-41

7. Develop Legislation to Expand Provider Workforce in Indiana.

- a. Increase Medicaid rates to support competitive hiring and retention.*
- b. Develop legislation to expand universal licensure recognition language to behavioral health licenses issued under the Indiana State Psychology Board and the Behavioral Health and Human Services Board; facilitate the implementation of physician and psychology compacts as well as other future compacts advocated for by other IPLA recognized behavioral health professionals; and mandate the modernization and increasing digitization of the IPLA licensing process.*
- c. Legislate the funding for a long-term student loan repayment or tuition reimbursement program for behavioral health professionals committed to working in Indiana and serving underserved communities.*

Report Page Reference: 43-45

8. Additional Infrastructure Recommendations

- a. Legislatively require Indiana Managed Care Entities to participate in a centralized credentialing process*

Report Page Reference: 47-48

9. Needed Funding for Recommendations

Based upon the commissioned cost-analysis report of untreated mental illness in Indiana, it was estimated to be **\$4.2 billion every year.**

- a. Pass a 988 surcharge to fund a comprehensive crisis response system*
- b. Request for the General Assembly to increase the appropriation for care of individuals with Serious Mental Illness by no less than 60% over the next two biennium budgets*

Report Page Reference: 50-56